

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT AND
CHANGE OF
CORRESPONDENCE ADDRESS

Patent Number: 6,854,663
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Filing Date: October 21, 2003
Attorney Docket No.: AAB1.PAU.01.A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached-papers(s), or
- ☐ the attorneys/agents associated with Customer Number _____.

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Practitioners were discharged by the client.

CORRESPONDENCE ADDRESS

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number: _____.

OR

☒ Firm or ☐ Individual
Address
City
City State Zip
Telephone

Signature
Name Registration Number:
Date Telephone No.: